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| Texas Workforce Solutions logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Referral for Supported Employment Services**  |
| Provider Selected   |
| **Provider name:**       | **Referral date**:      |
| **Service Premiums (if any):** [ ] Autism [ ] Brain Injury [ ] Criminal Background [ ] Deaf [ ] Travel  [ ] Professional Placement [ ] Wage [ ] Other:       |
| Customer Information   |
| **Customer name:**       | **Case ID:**       |
| **Language preference:**       | **Date of birth:**       |
| **Address:**       |
| **Phone (if any):** (   )       | **Email (if any):**       |
| **Alternate contact name (if any):**       | **Relation:**       |
| **Alternate contact phone (if any):** (   )       | **Alternate contact email (if any):**       |
| **Customer’s reported disabilities:**       |
| VR Contact Information   |
| **Counselor name:**       |
| **Counselor phone:** (   )       | **Counselor email:**       |
| **Rehabilitation Assistant (RA) name:**       |
| **RA phone:** (   )       | **RA email:**       |
| **VR office name:**       |
| Attachments (as applicable)   |
| [ ]  Benefits Summary and Analysis (BSA) | [ ]  Medical and/or psychological reports |
| [ ]  BPQY (If SSI/SSDI recipient or beneficiary) | [ ]  School records |
| [ ]  Case notes | [ ]  VR3472 |
| [ ]  Functional Capacity Exam | [ ]  Waiver Plan |
| [ ]  IPE copy | Other attachment(s):       |
| **Additional Comments**   |
| **Additional comments (if any):**       |